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May 31, 2005

FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20569

## FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR

Estimated average burden .16.00 hours per response. SEC USE ONL DATE RECEIVED

OMB APPRI

OMB Number:

Expires:

UNIFORM LIMITED OFFERING EXEMPTION Name of Offering (Check if this is an amendment and name has changed, and indicate change.) Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOS Type of Filing: New Filing Amendment A. BASIC IDENTIFICATION DATA Enter the information requested about the issuer Name of Issuer ( [ ] theck if this is an amendment and name has changed, and indicate change.) Sparten Technologies, Inc. Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) 941-447-3750 6106 New Paris Way Ellenton, FL 34222 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Ar (if different from Executive Offices) Brief Description of Business Spertan Technologies, Inc. is a technology company focusing on Global Communications Technology. Type of Business Organization corporation limited partnership, already formed other (please specify): business trust limited partnership, to be formed  $\overline{\mathbf{u}}$ Month Actual | Estimated Actual or Estimated Date of Incorporation or Organization: [O 19] 0 4 Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) Œ C GENERAL INSTRUCTIONS

## Federal:

Who Must File: All Issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et lag. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mallest by United States registered or certified mail to than address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) conies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or best typed or printed signatures.

Information Required: A new fifting must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Part B and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the excuption, a fee in the proper amount shall accompany this form. This notice shall be filled in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the ifier of a tederal notice.

SEC 1972 (6-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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	-				
2. Enter the information r	equested for the fo	llowing			
<ul> <li>Bach promoter of</li> </ul>	the issuer, if the la	uruer has been organized	l within the past five years;		
<ul> <li>Each beneficial ov</li> </ul>	vner baving the pov	wer to vote or dispose, or	direct the vote or disposition	of, 10% or more of	a class of equity securities of the issue:
o Each executive of	ficer and director (	of corporate issuars and	of cosposite हराह्या वार्थ का	maging partners of	partnership isspers; and
<ul> <li>Each general and :</li> </ul>	munaging partner o	of pertnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owne	r 🛭 Executive Officer	Director Director	General and/or Managing Partner
Full Name (Last name first,	if individual)	· · · · · · · · · · · · · · · · · · ·			
Mediop, John					
Business or Residence Adore 6106 New Paris Way, El			Cods)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	T Executive Officer	Director 2	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Terwilliger, Tom			<del></del>	······································	
Business or Residence Addre			C002)		
6106 New Paris Way, Elle			Executive Officer	Director	☐ General and/or
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	Managing Purtner
Full Name (Last name first, i Talari, Serm	findividual)				
Business or Residence Addre	præ radumyk) es	Street, City, State, Zip	Code)		
6106 New Parls Way, Elk	enton, FL 34222				
Check Box(es) that Apply:	Procooter	Beneficial Owner	Executive Officer	Director	General end/or Managing Partner
Full Name (Last name first, i	f individual)			· · · · · · · · · · · · · · · · · · ·	
Business or Residence Addre	sa (Number and	Street, City, State, Zip	Code)		
				<del> </del>	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, t	( iedividus!)			·····	
Business or Residence Addre	es (Number and	Street, City, State, Zip (	Code)		
Check Box(es) that Apply:	Promoter	Deneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)		<del>, , , , , , , , , , , , , , , , , , , </del>		
Business or Residence Addre	ss (Number and	Street, City, State, Zip (	Code)	·	<u> </u>
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	f individual)				
Business or Residence Addre	as (Number and	Street, City, State, Zip (	Code)		
	(Use bla	ok short, or copy and us	e additional copies of this s	hect, as necessary)	
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									·		Ϋ́εş	No
1. Has t	he issuer so	ld, or does										
Answer also in Appendix, Column 2, if filing under ULOE.  2. What is the minimum investment that will be accepted from one individual?												
2. What is the minimum investment that will be accepted from any individual?									\$\$	200.00		
3. Does	Does the offering permit joint ownership of a single unit?								Yes Too	No □		
4. Enter	the informs	tion reque	sted for ca	ch person	who has be	en or will	be paid or	given, dir	ectly or in	directly, any	, —	<u> </u>
ifa pe ozrstai	ission or sin rson to be li- ies, list the n ter or dealer	sted is an as ame of the	ssociated p broker or d	erson or ag ealer. If m	cat of a bro ore than fiv	ker or deal re (5) perso	er registere as to be lis	ed with the sted are are	SEC and/o	r with a state	2	
Pell Name N/A	(Last name	first, if inc	lividual)						•			
Business o	r Residence	Address ()	Number an	d Street, C	ity, State,	Zip Code)					•	
Name of A	ssociated B	roker or De	aler									
States in W	hich Person	Listed Ha	a Solicited	at Intende	on Solicie	Przehasze				·····	<del></del>	
	k "All States	-									☐ All	States
AL	(AK)	ΑŽ	AR	CA	CO	CT	DE)	(DC)	FL	GA		10
	IN	IA.	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT	NE	NY.	NH	[N]	NM	NY	NC	QN	OH	OK)	QR.	PA
(A)	SC	[SD]	TN.	TX	UT]	VŤ	YA	WA	WY	W)	WY	PR
Business o	(Last name r Residence	Address (I	Number an	d Street, C	ilsy, State,	Zip Code)						
Name of A	ssociated Br	oker or De	#ter									
States in W	hich Person	Listed Ha	s Solicited	or intends	to Solicit	Purchasers		· · · · · · · · · · · · · · · · · · ·				<del></del>
(Check	"All States	" or check	individual	States)		<b></b>	, + + + + + + + + + + + + + + + +				☐ All	States
AL	AK	AZ	AR	CA	$\overline{\mathbb{C}}$	CT	DE)	DС	FL	GA	Œ	ID
n,		IÀ	KS.	KY	LA	ME	MD	MA	MI	MON	MS	MO
MT	NE	NY	NH	N	NM	NY	NC	ND	OH	OK)	OR.	PA
RI	[SC]	[SD]	TN		IVI.	LYT)	[VA]	WA	wv	[WT]	WX	(PR)
Full Name	(Last name i	first, if indi	ividus()									
Business o	r Residence	Address ()	Vumber en	d Street, C	ity, State, 2	Zip Code)						
Name of As	sociated Br	oker or De	alor									
States in W	hich Person	Listed Has	Solicited	or Intends	to Solicit i	Purchasers					•	
(Check	"All States	" or check	individual	States)					*************		∏ Att	States
AL	[AK]	AZ	AR	CA	CO		DE	DC		GA	H	<u>an</u>
	TN	UA	(KS)	KY	LA	ME	MD	MA	M	MN	MS	MQ
MT	NE	NV	NH	(N)	NM	NA	NC	(NO	(OH)	(OK)	OR	[PA]
RI	SC	SD	TN	(XX)		VI	YA	WA	WV	[WE]	WY	PR

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1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "O" if the answer is "none" or "zero." If the transaction is an exchange offering, ebeck this box [] and indicate in the columns below the amounts of the securities offered for exchange and sheady exchanged.	3		
	Type of Security	Aggregate Offering Price	æ	Amount Already Sold
	Debt	<b>s</b>		\$
	Equity	\$ 700,000.00	<u> </u>	\$ 700,000.00
	Common Preferred			
	Convertible Securities (including warrants)	<b>s</b>		\$
	Partnership Interests			
	Other (Specify)			\$
	Total	\$ 700,000.00	)	\$ 700,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.		_	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors		Aggregate Dollar Amount of Purchases
	Accredited lavestors	1		\$ 700,000.00
	Non-accredited layestors		_	s
	Total (for filings under Rule 504 only)	1	_	\$ 700,000.00
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question I.			
	Type of Official	Type of Security		Dollar Amount Sold
	Rule 505			S
	Regulation A			\$
	Rule 504		_	\$ 700,000.00
	Total .		• •	\$ 700,000.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this officing. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		_	
	Transfer Agent's Fees		Z	\$_1,500.00
	Printing and Engraving Costs		2	\$ 2,500.00
	Legal Fees		$\mathbf{Z}$	\$ 10,000.00
	Accounting Fees		<u>-</u>	g 6,000.00
	Eagineering Fees			\$
	Sales Commissions (specify finders' fires separately)			\$
	Other Expenses (identify)			\$
	Total			s 20,000.00

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	and total expenses furnished in response to Pa proceeds to the issuer."	754 64 646 649 444 444 444 444 444 444 444			\$_680,000.00
	Indicate below the amount of the adjusted greath of the purposes shown. If the amount check the box to the left of the estimate. The proceeds to the issuer set forth in response	: for any purpose is not known, furn total of the payments listed must eaus	ish an estimate and		
				Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees			]\$	
	Purchase of real estate				
	Purchase, rental or lessing and installation and equipment			15	
	Construction or teasing of plant buildings a	ad Secilities		S	
	Acquisition of other businesses (including to offering that may be used in exchange for the issuer pursuant to a merger)	e assets or securities of another		is	\$ 250,000.00
	Repayment of indebtedness				
	Working capital			\$	S 160,000.00
	Other (specify): Technology Development	t		\$	\$ 280,000.00
				s	□\$
	Column Totals			\$ 0.00	S_680,000.00
	Total Payments Listed (column totals added	)		□ \$ <u>_68</u>	0,000,00
B	issuer has duly caused this notice to be signed ature constitutes an undertaking by the issuer information furnished by the issuer to any no	to furnish to the U.S. Securities and	Exchange Commissi	on, upon Writter	ie 505, the following a request of its staff
	er (Print or Type) urian Technologies, inc.	Signature John on	redico 1	tc I-12-04	
_	e of Signer (Print or Type)	Title of Signer (Print or Type	B)	· · · · · · · · · · · · · · · · · · ·	
_	Medico	CEO	•		

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intentional missistements or omissions of fact constitute federal eriminal violations. (See 18 U.S.C. 1001.)

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Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No <b>2</b>	

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer bereby undertakes to furnish to the state administrators, upon written request, information furnished by the
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be coulded to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature O Om . Date	£
Spartan Technologies, Inc.	John Medico 11-	12-04
Name (Print or Type)	Title (Print or Type)	
John Medico	CEO	

Print the name and title of the signing representative under his signature for the state partion of this form. One copy of every notice on Porm D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

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1	to non-	d to sell accredited rs in State 3-Item ()	Type of security and aggregate offering price offered in state (Part C-ltern 1)		Type of investor and amount purchased in State (Part C-item 2)				iffication are ULOS attach attion of granted) Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Acceptated Investors	Assount	Уes	Nο
AL									
AK									
AZ									
AR									
CA									
co									
СТ									
D€									
DC									
PL									
GA									
н									
ID)									
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IN									
IA									
KS									
KY									
LA									
MŒ									
MD									
MA									
МП									
MN									
MS									

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1	Intend to non-sinvestor	2 i to sell coredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		4 Type of investor and amount purchased in State (Part C-Item 2)			5 Disqualification under State ULOi (if yes, attach explanation of weiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
мо									
MT									
NE									
NV									
NH									
NJ									
NM									
NY									
NC									
ND									
OH									
OK									
OR									
PA				<u>.</u>					
RI									
sc									
SD									
TN									
TX		×	Common \$790,000	1	\$700,000.01				×
ហ									
VT									
VA									
WA				·					
wv									
WI									

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1	1 2 3 Type of security			4					Disqualification under State ULOE		
	to non-investor	and aggregate accordited offering price as in State offered in state 8-item 1) (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)					(if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
WY											
PR											